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Volume 1, Issue 2

# MEDCOM NOW

*Office of the Army Surgeon General and Army Medical Command*

## MEDCOM NOW

*a newsletter highlighting  
the challenges and  
successes of  
Army Medicine*

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## Army Medical Action Plan—Update

Restoring the trust of Soldiers, Family Members and the American public in our ability to provide access to quality medical care and other needed support services requires a coordinated effort between the Department of Defense, Army staff and Veterans Affairs organizations.

The Army Medical Action Plan (AMAP) is the Army's initiative to develop a sustainable system where injured and ill Soldiers are medically treated and vocationally rehabilitated to prepare them for successful return to duty or transition to active citizenship. The AMAP will be implemented in five phases. Phase 1 (April 28 - June 15, 2007) began with the completion of the AMAP Synchronization Conference in April. Quick Wins and the establishment of Warrior Transition Units will be implemented during Phase 1. Phases 2 - 5 will be highlighted in future editions of MEDCOM NOW.

## AMAP Quick Wins Approved

Gen. George W. Casey, Jr., Army Chief of Staff, approved 10 Quick Wins for Brig. Gen. Tucker and his team of bureaucracy busters to implement no later than June 15, 2007. The next edition of MEDCOM NOW will highlight the 10 Quick Wins.

## Warrior in Transition Definition

On May 15, 2007, Gen. Richard A. Cody, Army Vice Chief of Staff, approved the definition for Warrior in Transition.

*"An Active Component or Reserve Component Soldier who meets the qualifications of Medical Hold, Medical Holdover or Active Duty Medical Extension. It also includes Active Component Soldiers who require a Medical Evaluation Board or have complex medical needs requiring greater than 6 months of treatment. Warriors in Transition do not include Initial Entry Training, Advanced Individual Training, or One Station Unit Training Soldiers except in extraordinary circumstances. Exceptions to this definition must be approved by the local military treatment facility and unit commanders."*

The VCSA decided two other significant AMAP issues.

- (1) Army Medical Command will maintain Command and Control for all Medical Hold and Medical Holdover Soldiers.
- (2) Army Installation Management Command will maintain Command and Control for all Soldier and Family Assistance Centers except at Walter Reed Army Medical Center.



*Brig. Gen. Jones provides keynote address.*



*Brig. Gen. Tucker discusses the Army Medical Action Plan.*



*Maj. Gen. Pollock speaks during certification and workgroup session.*



*Maj. Robertson and SFC Luna receive an award from Col. Hill.*

## PEBLO Conference

The Biennial AMEDD Physical Evaluation Board Liaison Officer (PEBLO) Training Conference was held May 6 - 11, 2007, San Antonio, Texas. More than 200 PEBLOs, physicians, administrators and other stakeholders from military installations around the world attended. The theme for the conference was "Maintain an Army Strong! Through Efficient and Compassionate PDES Processing."

Brig. Gen. Reuben D. Jones, the Adjutant General of the Army in his role as Commander, United States Army Physical Disability Agency (PDES) provided the keynote address. During opening remarks, he stressed overhauling the PDES is key to fixing the cumbersome, inconsistent and confusing bureaucracy for wounded and ill Soldiers and Family members. "If there is only one action taken, this is it," he said.

Brig. Gen. Tucker briefed on the AMAP and the resources the Army has committed to reduce the bureaucracy to improve the quality of service and support provided to Warriors in Transition and family members.

MG Pollock spoke during the closing workgroup session. She praised the quality of care Army medical professionals provide while recognizing that access to care is an issue of concern.

The conference consisted of dedicated training tracks and updates on medical hold and medical holdover, medical evaluation board, Army Wounded Warrior program, retirement services, Social Security and Veterans Affairs policies and procedures. PEBLOs and MEB physicians also received certification on the new Physical Disability Evaluation System Transformation Initiatives (PDES TI)—a system designed to improve and facilitate medical processing of over 15,000 injured Soldiers in the PDES. Training materials for the conference were developed from the new online Physical Disability Evaluation System (PDES) Distance Learning Course.

Col. Duane Hill, Chief, Patient Administration presented an award to Maj. Geri Robertson, MEB program manager and Sgt. 1<sup>st</sup> Class Luna, Texas, PEB for the success achieved in planning the conference.

## AMAP Offsite

An AMAP offsite meeting hosted by Brig. Gen. Reuben D. Jones, the Adjutant General of the Army was held May 24 - 25, 2007 at the Army Human Resources Command, Alexandria, Virginia.

The purpose for the offsite was to continue work initiated at the AMAP Synchronization Conference to define the mission, function, services and staffing requirements for Soldier and Family Assistance Centers (SFAC).

Also discussed were plans for a Virtual SFAC, tiered-expansion of the Army Wounded Warrior program, clinical case management, benefit case management and the overlapping roles of Ombudsmen, Soldier Family Management Specialists and Soldier Patient Assistance Centers. An additional services offsite is scheduled for June to finalize plans to staff and resource the SFAC.

**Office of the  
Surgeon General  
and Army Medical  
Command**

**Coming Events**

**D-Day Remembrance**  
June 6, 2007

**The U.S. Army  
celebrates its 232<sup>nd</sup>  
birthday,**  
June 14, 2007

**2007 AUSA Medical  
Symposium and  
Exhibition,**  
June 18-21,  
San Antonio, Texas

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**The Way Ahead**

We are an Army at war. The Army Medical Department supports the war effort by providing the highest quality and most advanced medical care for Soldiers on the battlefield—saving more lives of Soldiers wounded in combat than ever before.

Army leaders and medical professionals know that some wounds lie beneath the surface and are not always visible upon first assessment. They are determined to ensure all Soldiers know how to identify symptoms of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

In the weeks ahead, The Army will launch a chain teaching program that will reach more than 1 million Soldiers, a measure that will ensure early intervention. The goal is to educate all Soldiers and leaders to increase their awareness and understanding of these potentially debilitating health issues.

Brain injury and psychological stress from combat deployments are a primary health care concern for the Army leadership. As our Soldiers deploy on multiple and extended tours to the combat zone, recognition, diagnosis, treatment and prevention of PTSD and TBI are of utmost importance to our leadership, Soldiers and their Families.

**D-Day Remembered**

We honor the sacrifices made by Soldiers and Warrior medics on 6 June 1944.



*A medic of the 3d Bn., 16th Inf. Regt., 1st U.S. Inf. Div., moves along a narrow strip of Omaha Beach administering first aid to men wounded in the landing. The men, having gained the comparative safety offered by the chalk cliff at their backs, take a breather before moving into the interior of the continent. Collville, Sur-Mer, Normandy, France. Photographer: Taylor, 6 June 1944. SC 189925-S*

**Major General Gale S. Pollock**

Commander, US Army Medical Command  
Acting, The Surgeon General